

Clerk stamps date here when form is filed.

1 Name of person who asked for the order:

\_\_\_\_\_

2 Your name: \_\_\_\_\_

Your address (*skip this if you have a lawyer*): (*If you want your address to be private, give a mailing address instead*):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone (*optional*): (\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, telephone number, and State Bar number*): \_\_\_\_\_

\_\_\_\_\_

**Use this form to give the court your answers to CH-100**

- Read Form CH-151 to protect your rights.
- Fill out this form and then take it to the court clerk.
- Serve the person in ① with a copy of this form and any attached pages.

Fill in court name and street address:

**Superior Court of California, County of**

Fill in case number:

**Case Number:**

3 ☐ **Personal Conduct Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The court will consider your Answer at the hearing.  
Write your hearing date and time here:

**Hearing** → Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**Date** Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**You must obey the court's orders until the hearing.** If you do not come to this hearing, the court may make the orders requested against you last for up to 3 years.

4 ☐ **Stay Away Orders**

- a. ☐ I agree to the order requested.
- b. ☐ I do not agree to the order requested.
- c. ☐ I agree to the following order (*specify*):

\_\_\_\_\_

5 ☐ **Turn In Guns or Other Firearms**

- a. ☐ I do not own or have any guns or firearms.
- b. ☐ I agree to the order requested.
- c. ☐ I do not agree to the order requested.
- d. ☐ I agree to the following order (*specify*):

\_\_\_\_\_

6 ☐ **Other Orders**

- a. ☐ I agree to the orders requested.
- b. ☐ I do not agree to the orders requested.
- c. ☐ I agree to the following orders (*specify*):

\_\_\_\_\_



Your name: \_\_\_\_\_

**7** ☐ **Emotional Distress**

- a. ☐ The person in ① has not suffered emotional distress. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_
- b. ☐ A reasonable person in the same position as the person in ① would not have suffered emotional distress. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_
- c. ☐ If the person in ① has suffered any emotional distress, it is not because of what that person has accused me of doing. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_

**8** ☐ **Purpose of Actions**

What I did to the person in ①—if anything—was not done on purpose.

**9** ☐ **Denial**

- a. ☐ I did not do anything described in ⑥ of Form CH-100. (*Skip to ⑪.*)
- b. ☐ I did some or all of the things described in ⑥ of Form CH-100. (*Explain in ⑩–⑪.*)

**10** ☐ **Reason or Excuse**

I have done some or all of the things the person in ① has accused me of, but:

- a. ☐ What I did was legal. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_
- b. ☐ I had a good reason for doing these things. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_
- c. ☐ I have other reasons to justify what I did. (*Explain*): \_\_\_\_\_  
\_\_\_\_\_

**11** ☐ **The court should not make an order against me because:** (*List facts or reasons below*):

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☐ Check here if you need more space. Attach a sheet of paper and write “CH-110, Item 11— Facts and Reasons” at the top. Give specific facts and reasons.



Case Number:

Your name: \_\_\_\_\_

**12** ☐ **No Fee for Filing**

I ask the court to waive the filing fee because the person in ① claims that I have used or threatened to use violence against them or have acted in some other way that would make them reasonably fear violence.

**13** ☐ **Lawyer's Fees and Costs**

I ask the court to order payment of my:

a. ☐ Lawyer's fees

b. ☐ Out-of-pocket expenses

because the temporary restraining order was issued without enough supporting facts.

The amounts requested are:

| Item  | Amount   | Item  | Amount   |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

**14** ☐ **Other Relief**

I ask for additional relief as may be proper.

**15** Number of pages attached to this form, if any: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Attorney's name*

► \_\_\_\_\_  
*Attorney's signature*

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

► \_\_\_\_\_  
*Sign your name*